

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	953	08-20-01
RESPONSE FORMALITY REVIEW	CR	1109	11-15-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/31/01
2	✓	✓	10/03/01
3	✓	✓	10/03/01
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6	✓	✓	10/03/01
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14	✓	✓	10/03/01
15	N	N	10/03/01
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30	N	N	10/03/01
31	✓	✓	10/03/01
32	✓	✓	10/03/01
33	✓	✓	10/03/01
34	✓	✓	10/03/01
35	✓	✓	10/03/01
36	✓	✓	10/03/01
37			
38			
39	✓	✓	10/03/01
40	N	N	10/03/01
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44	N	N	10/03/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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